SECURIT

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

130 1374 OMB APPROVAL

OMB Number:

3235-0076

Expires:

April 30, 2008

Estimated average burden hours per response......



Name of Offering (check if this is an amen	idment and name has	changed, and indicat	te change.)		
FrontPoint Offshore Japan Fund, L.P.			• .		
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505		☐ Section 4	4(6) ULOE
Type of Filing: New Filing	Amendment				_
	A. BA	SIC IDENTIFICATIO	N DATA		
1. Enter the information requested about the	issuer				
Name of Issuer (☐ check if this is an am FrontPoint Offshore Japan Fund, L.P.	nendment and name h	as changed, and indi	cate change.)		
Address of Executive Offices		et, City, State, Zip Co		Telephone Number ((Including Area Code)
c/o M&C Corporate Services,		., Ugland House, Sou		345-949-8066	
		vn, Grand Cayman, C			
Address of Principal Business Operations	(Number and Stre	eet, City, State, Zip Co	ode)	Telephone Number ((Including Area Code)
(if different from Executive Offices)					/
Brief Description of Business					/
Private limited partnership investing in limited	d partnership interests	of affiliated entity.		/	
				a /	NRA
				K	PHOCESSED
Type of Business Organization	☑ limited newtree	ahia alaa du famaad			FEB 2 2 2006
		•		☐ other (please spe	
□ business trust	limited partner	ship, to be formed			THOMSON
	- - 	Month	Year		FINANCIAL
Actual or Estimated Date of Incorporation or	0 3	⊠ Actual	☐ Estimated		
		ئـــــــــــــــــــــــــــــــــــــ			
Jurisdiction of Incorporation or Organization:		J.S. Postal Service at N for other foreign jui		te: F N	
(if different from Executive Offices) Brief Description of Business Private limited partnership investing in limited Type of Business Organization corporation business trust Actual or Estimated Date of Incorporation or	d partnership interests ☑ limited partner ☐ limited partner Organization:	of affiliated entity. ship, already formed ship, to be formed Month 0 7	Year 0 3	☐ other (please spe	PROCESSED FEB 2 2 2006 THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC IDENTIF	ICATION DATA							
2. Enter the information reque	-	een organized within the past five	VOORS'							
 Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; 										
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 										
	anaging partner of partners	• •	and managing paranets of pe	The second secon						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	□ General and/or Managing Partner					
Full Name (Last name first, if	f individual)									
FrontPoint Japan Fund GP, I	LLC									
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)								
Two Greenwich Plaza, Green	nwich, CT 06830									
Check Box(es) that Apply:	⊠ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name first, it	f individual)									
FrontPoint Partners LLC										
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)								
Two Greenwich Plaza, Green		, , , , , , , , , , , , , , , , , , , ,								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or					
Check box(es) that Apply.	_ Fromoter	☐ penelicial Owner	☑ Executive Officer	□ p⊪ecro	Managing Partner					
Full Name (Last name first, it	f individual)		* ** ** ** ** ** ** ** ** ** ** ** ** *							
Ghaffari, Paul										
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)								
Two Greenwich Plaza, Green		• • • • • • • • • • • • • • • • • • • •								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner					
Full Name (Last name first, if	f individual)		<u> </u>							
Lev, Arthur	,									
Business or Residence Addr	ess (Number and Stree	et City State Zin Code)								
Two Greenwich Plaza, Green	•	, o.,, o.a.o,p ooto,								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□ Executive Officer	Director	General and/or					
Check box(es) that Apply.	□ Fromote:	☐ Bettericial Owner	☑ Executive Officer	☐ Director	Managing Partner					
Full Name (Last name first, in	f individual)									
Caffray, William G.										
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)								
Two Greenwich Plaza, Gree	•									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	☐ General and/or					
Officer box(es) that Apply.	_ r romoter	beneficial Owner	Z Executive Officer	Director	Managing Partner					
Full Name (Last name first, i	f individual)									
Waters, Dan										
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)								
Two Greenwich Plaza, Gree	nwich, CT 06830	•								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	f individual)	·								
McKinney, T.A.	•									
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)			<u></u>					
Two Greenwich Plaza, Gree	•	, , ,,								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	f individual)									
Garcia, Julio	·			·						
Business or Residence Addr	· ·	et, City, State, Zip Code)								
Two Greenwich Plaza, Gree	nwich, CT 06830									

		A. BASIC IDENTIF	ICATION DATA		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, it	findividual)				
Pace, Joanne					
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)			
Two Greenwich Plaza, Green	nwich, CT 06830				
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, it	findividual)				
FrontPoint Offshore Japan F	und, Ltd.				
Business or Residence Addr	ess (Number and Stree	et, City, State, Zip Code)			
c/o M&C Corporate Services	, P.O. Box 309 G.T., U	Igland House, South Church	Street, Georgetown, Gran	d Cayman, Cayman	Islands
					

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1	Has the	igguer enl	d ordoes th	ne issuer into	nd to sell +a	non-accred	ited investor	s in this offer	ring?			Yes	No ⊠
٠.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.												
2.											\$50,000		
3.												Yes ⊠	No □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full	Name (l	Last name f	first, if indivi	dual)									
Busi	iness or	Residence	Address (N	umber and S	street, City, S	State, Zip Co	de)			<u> </u>			
Nam	ne of Ass	sociated Br	oker or Dea	ler									
				Solicited or lividual State								☐ All States	
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Full	Name (l	Last name	first, if indivi	dual)			<u></u>		· · · · · · · · · · · · · · · · · · ·		- .		
Bus	iness or	Residence	Address (N	umber and S	Street, City, S	State, Zip Co	de)					· · · · · · · · · · · · · · · · · · ·	
Nam	ne of Ass	sociated Br	oker or Dea	ler			<u> </u>						•
				Solicited or								☐ All States	
•	NL]	[AK]	[AZ]	[AR]	, [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[1	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
-	1T] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[YN] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
			first, if indivi		[17]	[01]	[• • • •	[^0]	[AAV]	[44.4]	[441]	[441]	[/ 13]
Busi	iness or	Residence	Address (N	umber and S	Street, City,	State, Zip Co	de)		<u> </u>				
Nam	ne of Ass	sociated Br	oker or Dea	ler					<u></u>				
				Solicited or				••••				☐ All States	
•	NL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
	L]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	(T)	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[F	રા]	[SC]	[SD]	[TN]	[TX]	[UT]	[/T]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Box \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Offering Price Already Sold Type of Security Debt \$ Equity \$ □ Common ☐ Preferred \$ Convertible Securities (including warrants) \$406,084,921 \$406,084,921 Partnership Interests..... Other (Specify \$406,084,921 \$406,084,921 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$406,084,921 10 Accredited Investors Non-accredited Investors 0 \$ Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of **Dollar Amount** Type of offering Security Sold Rule 505 \$ Regulation A \$ Rule 504 \$ Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Legal Fees. Accounting Fees. Engineering Fees Sales Commissions (specify finders' fees separately)..... \$ Other Expenses (identify) Total \$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses in response to Part C - Question 4.a. This difference is \$406,084,921 the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors Payments To & Affiliates Others Salaries and fees..... \$ \$ Purchase of real estate.... \$ \$ Purchase, rental or leasing and installation of machinery and equipment..... Construction or leasing of plant buildings and facilities..... \$ \$ П Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) \$ Repayment of indebtedness \$ \$ Working capital Investment in limited partner interest of affiliated entity \$406,084,921 \$ Other (specify): П \$ \boxtimes \$406,084,921 Column Totals \boxtimes \$406,084,921 Total Payments Listed (column totals added)..... D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Date Signature FrontPoint Offshore Japan Fund, L.P. February 14, 2006 Name of Signer (Print or Type) Title of Signer (Print or Type) Arthur Lev Senior Vice President of FrontPoint Japan Fund GP, LLC, general partner of the Issuer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)